

## Montgomery County Maryland Department of Permitting Services

255 Rockville Pike, 2<sup>nd</sup> Floor Rockville, Maryland 20850-4153 (240) 777-6278 Fax (240) 777-6296 http://permits.emontgomery.org



## **APPLICATION FOR MECHANICAL PERMIT**

A/P#Building				Permit #					Contact ID			
		EMENTS: A building p							nechanical	permit, unless ot	herwise	
LOCATION OF BU	JILD	ING PREMISE										
Street Address										Suite/Floor_		
				State					Zip			
APPLICANT (CON	//PAI	NY/PERSON)			-				'			
Name												
Company/	/Pers	son that Permit will be	issued to	)								
Street Address										Suite/Floor_		
City				State					Zip			
Telephone #		Fa	x #				E	-mail Address	<u> </u>			
Name of Firm								F	Phone #			
Masters Name					Sta	ate HVA	C Licens	se #		Phone #		
										none #		
		Residential Building								ract Value \$		
Equipment Botain		-						dollon ocolo				
	Ц	Commercial Building			Ш	Replac	ce		⊨qu	ipment Value \$		
may be greater that	n the liffer	0 for residential installa e minimum. Except for ence between the cont	one-and	l two f	ami	ily deta	ched and	l attached dwe	llings, the	base mechanical	fee shall be	
Cooling Equipment	ti, up tiona tiona tiona 600 v each eacl	al 100 MBH or fraction to 5 ton capacity al 5 ton or fraction vater gallons 50 water gallons		\$25.00 \$10.00 \$25.00 \$10.00 \$40.00 \$40.00 \$20.00	0 0 0 0 0		Heating Cooling Fuel Ta Expans Pre-fab	CEMENT EQUEST CONTROL OF CONTROL	ip to 100 M nal 100 Ml ip to 5 ton nal 5 ton c water gall ch 50 wate ich	MBH  3H or fraction capacity apacity lons	\$20.00 \$10.00 \$20.00 \$10.00 \$30.00 \$30.00 \$20.00 \$10.00	
OTHER FEES								KEY/UNITS				
Re-inspection fee Work without permit Consultation inspection			;	\$30.00 \$75.00 \$100.00/hr or fraction			action	MBH = 1000 WG = Water		1KW = 3.4 M Ton = 12,000		

**CONTINUE ON REVERSE SIDE** 

Ē.	COME THAT APPLY Cooling Towers Fuel-Oil Pumps other:	☐ Cor	mmercial Hoods dronic System Pump	<del>-</del>	☐ Ductwork☐ Piping of Equipment					
	PLEASE IDENTIFY WHICH OF THE FOLLOWING EQUIPMENT(S), ARE BEING INSTALED OR REPLACED. INDICATE CAPACITY AND QUANITY AS APPROPRIATE.  IDENTIFY ANY ADDITIONAL EQUIPMENT									
	EQUIPMENT TYPE (CHECK, IF APPLICABLE)	CAPACITY	QTY	ITEM # (1 through 7 in	CAPACITY	QTY				
1	COOLING EQUIPMENT			Section 6 above)		QII				
	☐ Gas ☐ Elec ☐ Oil ☐ Other	TONS								
	Is this equipment a									
2	chiller ☐ or refrigeration unit ☐?  HEATING EQUIPMENT									
2	Gas Elec Oil Other	MBH								
3	Pre-Fab Fireplace	IVIDIT								
4	Pre-Fab Chimney	-								
5	RESIDENTIAL BOILERS									
·	☐ Gas ☐ Elec ☐ Oil ☐ Other	MBH								
6	TANKS (EXPANSION)	WG								
7	TANKS (FUEL-OIL, LP-GAS)	WG								
	TANKS (TUEL-OIL, LIT-GAS)	VVG								
	AUTHORIZED AGENT AFFIDAVIT  I hearby declare and affirm, under the penalty of perjury, that									
	I am duly authorized to make this permit application on behalf of									
	2. The work proposed by this b	uilding permit a	pplication is authori	zed by the property owner; a	nd					
	3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.									
	Signature of Authorized AgentDate									
Print Name										
	AFFIDAVIT									
In applying for an exemption from the licensing requirements to obtain a <u>mechanical permit</u> , the following must be true: (Check One)										
	An individual owner of a single-family dwelling while that owner is practicing heating, ventilation, air-conditioning, or refrigeration services on or within a building or structure owned by the individual.									
	An individual who is building a single-family dwelling in which that individual will reside while practicing heating, ventilation, airconditioning, or refrigeration services on or within that dwelling.									
	□ Other									
	All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information, and belief., I hereby declare and affirm, under the penalty or perjury, all of the above:  Signature of Property Owner									

Print Name\_